

Please provide a brief report on your training to date (learning-by-doing, learned from, working with, attending schools and seminars, etc.)

How many treatments of horse teeth lead **on average per week**?

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I agree that the following data will be published as part of the member lists on the IGFP homepage according to my information **(Please fill out the fields!)**:

	List of members in area accessible only to members	member list in the public area
Surame, Given name, Titel:		ja <input type="radio"/> nein <input type="radio"/>
Occupation:		ja <input type="radio"/> nein <input type="radio"/>
Zip code/place:		XXXXXXXXXXXX
Country/State:		XXXXXXXXXXXX
Membership status:	ja <input type="radio"/> nein <input type="radio"/>	XXXXXXXXXXXX
Street/Nr.:		XXXXXXXXXXXX
Telefon:		XXXXXXXXXXXX
Mobil:		XXXXXXXXXXXX
Fax:		XXXXXXXXXXXX
Email:		XXXXXXXXXXXX
Homepage:		XXXXXXXXXXXX
any special wishes :		XXXXXXXXXXXX

I can revoke this consent in writing at any time.

Place, Date:

Signature: